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BIBDATASHEET**CONFIRMATION NO. 1553**

Bib Data Sheet

SERIAL NUMBER 09/716,603	FILING DATE 11/20/2000 RULE	CLASS 382	GROUP ART UNIT 2625	ATTORNEY DOCKET NO. GEMS:0131/yod 15-IS-5887
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APPLICANTS

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** CONTINUING DATA ***** *z*

This application is a CIP of 09/448,950 11/24/1999 PAT 6,633,674

** FOREIGN APPLICATIONS ***** *z*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/02/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY IL	SHEETS DRAWING 12	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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ADDRESS

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TITLE

METHOD AND SYSTEM FOR LOSSLESS WAVELET DECOMPOSITION, COMPRESSION AND
 DECOMPRESSION OF DATA

FILING FEE RECEIVED 1562	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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